



*Hollister* **POLICE DEPARTMENT**  
"Service, Pride and Integrity"

## EXPLORER PROGRAM APPLICATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Driver's License or I.D. # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Social Security Number \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ School I.D.# \_\_\_\_\_

Teacher references (List name, subject and phone number):

1) \_\_\_\_\_

2) \_\_\_\_\_

Work References:

1) Business Name \_\_\_\_\_ Manager/Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

2) Business Name \_\_\_\_\_ Manager/Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Brief summary of why you want to be a police Explorer: \_\_\_\_\_

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Have you ever been arrested? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

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Have you ever used or experimented with any type of drug(s) Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

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Are you now, or have you ever been on probation? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

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Have you ever been an Explorer with any department before? Yes \_\_\_\_ No \_\_\_\_

If yes, when and where? \_\_\_\_\_

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Do you belong to or affiliate with any gang or gang member? Yes \_\_\_\_ No \_\_\_\_

If yes, give name of gang and your affiliation: \_\_\_\_\_

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List any hobbies or interests: \_\_\_\_\_

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List any clubs or organizations to which you belong: \_\_\_\_\_

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List any physical or mental conditions you may have that would prevent you from participating in physical training and exercises within the program: \_\_\_\_\_

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I, \_\_\_\_\_, give my son/daughter permission to participate in the Hollister Police Explorer Program including all meetings, functions, field trips and police Ride-Along programs. It is know to me that some of the activities may be potentially dangerous and/or life threatening.

By signing this application, I release the Boy Scouts of America, the City of Hollister, the Hollister Police Department and the police officers with whom they ride-along or work, from any liability. I further understand that my child will be covered under an insurance program through the Boy Scouts of America.

Parent/Guardian Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Application's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**Return or mail to:**  
Hollister Police Explorer Program  
Officer Eric Olsen  
395 Apollo Court  
Hollister, CA. 95023